

**THE INFLUENCE OF SOCIAL SUPPORT ON  
RESILIENCE AMONG TRAUMATIZED IRAQI  
UNDERGRADUATE STUDENTS**

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by

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**PENGARUH SOKONGAN SOSIAL TERHADAP RESILIENSI DALAM  
KALANGAN PELAJAR IJAZAH PERTAMA YANG TERDEDAH PADA  
KEJADIAN TRAUMA DI IRAQ**

**ABSTRAK**

Kajian ini bertujuan untuk mengenal pasti pengaruh sokongan sosial terhadap resiliensi dalam kalangan pelajar sarjana muda Iraq yang terdedah kepada peristiwa trauma sejak perang di tahun 1980-an. Pendedahan kepada peristiwa traumatik (seperti letupan, perceraian ibu bapa, penculikan, kehilangan individu yang rapat) boleh menurunkan tahap resiliensi jika individu berkenaan tidak menerima sokongan sosial daripada keluarga, kawan-kawan, atau orang lain dengan mencukupi. Kajian ini adalah berdasarkan kepada model resiliensi Garmezy (1984). seramai 365 pelajar dari Kolej Sains Politik, Sastera, Sains dan Kejuruteraan di Universiti Baghdad yang belajar pada sesi akademik 2016 telah diminta untuk menjawab tiga set soal selidik yang terdiri daripada *Scale of Traumatic Events*, *Multidimensional Scale of Perceived Social Support* (MSPSS), dan *Connor-Davidson Resilience Scale* (CD-RISC-25). Analisis regresi berganda telah dijalankan dengan menggunakan SPSS 21 untuk menganalisis data. Keputusan kajian menunjukkan bahawa sokongan sosial boleh menjelaskan 3.5 daripada varians resiliensi pelajar, dan pengaruh nya adalah signifikan ( $R^2$  Terlaras = .035, nilai  $\beta$  = .187,  $p < .001$ ). Tambahan pula, terdapat perbezaan yang signifikan dari segi resiliensi dan sokongan sosial dalam kalangan pelajar dengan pelbagai peringkat pendedahan terhadap peristiwa trauma ( $p < .001$ ). Hasil kajian menunjukkan bahawa pengaruh sokongan sosial memberi kesan terhadap resiliensi pelajar yang mengalami

peristiwa traumatik. Implikasi keputusan kajian dan cadangan kajian lanjutan telah dibincangkan pada akhir tesis. Kajian ini dijangka dapat membuka ruang kepada penyelidik dari pelbagai bidang di Iraq untuk menjalankan kajian yang lebih mendalam mengenai pembolehubah kajian yang telah diutarakan, terutama bagi tujuan pembangunan semula Iraq.

# **THE INFLUENCE OF SOCIAL SUPPORT ON RESILIENCE AMONG TRAUMATIZED IRAQI UNDERGRADUATE STUDENTS**

## **ABSTRACT**

This study attempts to investigate the influence of social support on resilience among Iraqi undergraduate students who were exposed to traumatic events since the war in the 1980's. Exposure to traumatic event (such as explosions, parental divorce, kidnapping, loss of someone close) may led to lack of resilience if the individuals did not receive enough element of social support from family, friends, or significant others. This study is based on Garmezy's model of resilience (1984). Total of 365 students from the colleges of Political Science, Arts, Science, & Engineering at the University of Baghdad in academic year 2016 were recruited to respond to a set of questionnaires that consisted of Scale of Traumatic events (TES), Multidimensional Scale of Perceived Social Support (MSPSS), and Connor–Davidson Resilience Scale (CD-RISC-25). Multiple regression was conducted by utilizing SPSS 21 in order to analyze the data. Results indicated that the social support can explain 3.5 of the variance of the student's resilience, and the influence is significant (Adjusted  $R^2=.035$ ,  $\beta$  value=.187,  $p<.001$ ). Furthermore, significant differences in terms of resilience and social support were discovered among students with different levels of traumatic events exposure ( $p<.001$ ). The results indicated that the presence of social support significantly affects the resilience of the Students who were exposed to traumatic events. Further implications of the results and recommendations for further research are discussed at the end of the thesis. This study is expected to be able to open multiple fields for researchers in Iraq for an in-depth investigation of these studied variables, especially for the further re-development of Iraq.

## **CHAPTER I**

### **1.1 INTRODUCTION**

Studies on traumatic events are studies investigating extremely unusual occurrences, including direct personal experience of an event that involves actual or threatened death or serious injuries, or other threat to ones' physical integrity, as well as witnessing such an event or vicariously learning that such event happened to a close significant other (Ventevogel & Spiegel, 2015). In the context Iraq, it is safe to assume that most Iraqi undergraduate students have been exposed to such traumatic event in the wars, because the duration of the wars was stretched into almost 3 decades. Despite usually studied in relation to acute stress and posttraumatic stress disorders, traumatic experiences (such as roadside explosions, parental divorces, kidnappings, rapes, losses of someone close, attacks by military forces, etc) may also lead to depressive reaction; particularly the unpredictable and uncontrollable nature of the events that lead to fear and loss of control, and subsequently the helplessness and hopelessness that often mark the descent into depression (Cubis, 2012).

Despite that, wide range of traumatic events from illness, divorce, separation, assault, and bereavement to accidents, natural disasters, and terrorism can act as catalysts for positive change (Joseph et al., 1997; Joseph, 2014). In other words, it was demonstrated that rather than ruining one's life, a traumatic event might also improve the quality of certain psychological traits that sequentially increase the quality of one's life.

At the same tone, it was also emphasized that biological and psychological aspects are an integrated unit that cannot be separated from each other within individuals when related to deal with traumatic events (Cousins, 1990; Khamisa, 2013). Moreover, school and university students who were exposed to traumatic events in the wars in Iraq showed lower level of adaptation and tantrum control, even with those who are close to them; symptoms that did not appear among students in Jordan (Jassem, 2013).

On this basis, some risk factors can be considered as contributors of psychological, biological and emotional aspects, regardless of the type of risk, (e.g., poverty, parental divorce, parental mental illness, wars, death of a family member or friend, illness, etc.); these risk factors may add stress to individual's life and increase the chance of negative outcomes (Sameroff et al., 1993). Additionally, stress in individuals' life might also be the result of a low level of social support (Marian & Turliuc, 2011).

Social support refers to social interactions that provide individuals with actual assistance and embed them into a network of social relationships perceived to be loving, caring, and readily available in times of need (Lincoln, 2000). This broad definition points to three major facets of social support: received support (actual receipt of help); social embeddedness (quality & type of relationships with others); and perceived support (the belief that help would be available if needed). Reviews of literature frequently note the limitations of supportive relationships in times of stress but have generally concluded that social support is beneficial to psychological well-being and physical health (Kaniasty, 2005).



Accordingly, it was also discovered that poor social support was a main predictor of posttraumatic stress symptoms for individuals, particularly those symptoms that persisted months and years after the exposure to trauma (Kuterovac, 2003). In addition, it was also indicated that individuals with low level social support might not develop enough resilience that keeps them from the negative effect of risk factors (Christensen, 2011). Therefore, resilience is considered the ability of individuals to remain healthy even in the presence of risk factors. Through, possession the protective factors which represent (family life, the community and the environment) (Friedli, 2009).

It can be concluded that resilience represents a distinct trajectory from the process of recovery in the coping of loss or potential trauma which is more common than is often believed because can make the individual continue their live without problems (Ozer et al., 2003). For instance, due to adequate levels of resilience, large numbers of people managed to endure the temporary upheaval of loss or potentially traumatic events remarkably well, with no apparent disruption in their ability to function at work or in close relationships, and seem to move on to new challenges with apparent ease (Bonanno, 2004).

The aforementioned statements in the previous paragraphs lead to a general assumption that the exposure to traumatic events with inadequacy of social support might reduce individual's resilience, which represents abilities to confront the life difficulties (sudden death of significant others, loss of work, divorce, etc.). In other words, resilience, enforced by social support, might play significant role to enable individuals to cope with risks.

## **1.2 Background of the study**

For more than three decades, thousands of psychological studies have been documenting and exploring a wide range of negative outcomes that might result from traumatic events through the exposure of individuals to crises and traumatic events (such as sudden death of family member, kidnappings, attacks by military forces, losses of someone close, rapes, etc.) (e.g., Van der Kolk et al, 1996; Horowitz, 1997; Cox et al, 2008; Mahdi & Shahabuddin, 2014). Such events have their influence on children from war-torn countries, such as Iraq; when they grow up, to be Iraqi undergraduate student it is most probable that they have been exposed to interpersonal or community violence (Altawil et al., 2008).

Despite a lot of people in the world suffer from psychological disorders that disturb their health and survival, daily exposure that was experienced by Iraqis (roadside explosion, migration or displacement, robbery at gunpoint, watching authentic video clips depicting killing) increase the traumatic stress they have to endure (Al-Hadethe 2014)

Individuals who were exposed to traumatic events (both high-intensity warfare and chemical weapons) in the 1980-1988 Iran-Iraq War had developed prevalence rates for lifetime post-traumatic stress disorder, major anxiety symptoms, and severe depressive symptoms were 59%, 33%, 65%, and 41%, respectively (Neria et al., 2010). In other words, it is confirmed that individuals who were exposed for traumatic events and do not have the resilience will lead to behavioral disorders.

Therefore, it is essential to deliver supports throughout discovery of preventive mechanisms to help individuals cope with events and determine how and why some people possess the ability to maintain a high positive reception and self-efficacy

(Rutter, 1990). Accordingly, the contributions of others, such as social support throughout the tragic events, might have either negative or positive effect; in other words, perceived social support plays a more important role in gaining benefits from trauma than preventing negative outcomes of the experienced traumatic event. (Cohen & Syme, 1985; Bulik, 2015).

While social support referred to varying definitions in the literature, most include both intangible components (guidance and encouragement) and tangible components (physical aid and financial assistance) (Khamisa, 2013). In line with that, different styles of social support have been thoroughly studied, such as material, informational, and estimate support (Nurullah, 2012; Walen, 2000).

Social support can be provided by members of neighborhood or community, friends, family, spiritual advisors, co-workers, or health care personnel (Lyons, 2010). On this basis, social support can be considered as a protective factor to cope with the risks of life by increasing the level of resilience in individuals which discovered to be multidimensional and complex, which involve an interactive process between protective factors and risk (Agaibi and Wilson, 2005). In other words, lack of social support affects health.

Oppositely, the presence of social support helps individual's ability to cope with stress. Through the adaptation and effective coping despite facing hardship, adversity, and loss (Tugade & Fredrickson, 2004), Furthermore, Carle and Chassin (2004) discovered that individuals with high levels of self-reported resilience are particularly likely to use positive emotions to “bounce back” from adverse experiences.

Empirical facts suggest that resilience is grounded in a diverse array of environmental factors (Haskett et al. 2006), genetic (Caspi et al. 2003), psychological (Sills et al. 2006), and biological (Charney 2004). Hence, resilience is a multidimensional construct that varies with age, time, context, and life circumstances (Garmezy 1993; Richardson 2002; Connor et al., 2003; Wagnild 2003).

### **1.3 Statement of the Problem**

Positive results are conceivable from the exposure of traumatic events, such as improvements in personal skills, enhanced sense of purpose, closer relationships with others, and changes in life priorities may occur after the trauma (Calhoun & Tedeschi, 2006; Mahdi, Prihadi, & Shahabudin, 2014). In the context of Iraq, the society had been exposed to traumatic events for decades, but life went on; workers go to work, students go to school or universities, and homemakers go to markets without any evidence of strong stress (Mahdi, 2014). Traumatic event can be defined as trauma-inducing events (Calhoun & Tedeschi, 2006) that might be ranged from stolen goods, invasion of privacy, being bullied, up to the death of someone close, or any death by wars; because of its intensity and duration, war is the dominant traumatic event experienced by Iraqi undergraduate student.

Although a study by Mahdi, Prihadi, and Shahabuddin (2014) indicated that some individuals with adequate social support and resilience can gain from traumatic event, it is unlikely for most Iraqi students to experience the same thing. However, traumatic events might still lead to clinically significant levels of post-traumatic stress disorder symptoms in individuals (Mahdi, 2014), such as elevated heart rate, increased blood pressure, as well as overstated cardiovascular and neuroendocrine responses to laboratory stressors which are considered as physiological and

neuroendocrine indices of heightened stress reactivity that has been associated with low social support (Ozbay et al., 2007; Angie, 2015). Additionally, post-traumatic stress disorder occurs more in male than female (Mahdi, et al., 2014), because males tend to be more exposed to traumatic event in the context of Iraq, because culturally, male are more prone to be out of the house compared to females.

A recent study reported that approximately 1,003 suicide bombing incidents from 2003 to 2010. One-fifth of the total number of casualties (42,928 of 225,789) was Iraqi civilians (Hicks et al., 2011). Numerous civilians were killed during the upcoming riots, either by the U.S. Army or by terrorists. In addition, the Iraq family health survey study group (IFHSSG) reported that the number of violence-related deaths significantly increased from 104,000 to 223,000 from march 2003 to June 2006, and most of these deaths involved males (IFHSSG, 2008). The Iraq body count (IBC) reported that more than 114,212 Iraqis were killed as a direct result of violence between 2003 and 2011 (IBC, 2012). Such chains of traumatic events might definitely trigger psychological effect to any exposed individuals. In many cases, individuals who were exposed to such events may not know how to respond, or may be in denial about the effect such an event has had. Such individuals need support and time to recover from the traumatic event and regain emotional and mental stability (Cafasso, 2016).

For instance, certain events caused significantly smaller rises in heart rate, blood pressure, and cortisol among subjects who were supported by others compared to subjects who are alone (Lepore et al., 1993; Kamarck et al., 1995; Kirschbaum et al., 1995; Uchino et al., 1996; Stansfeld et al., 1997). Similar events are more likely to develop post-traumatic stress disorder, appear to precipitate suicidal thoughts and

behaviour, increases cardiac risk, lead to feelings of detachment, (e.g., endothelial injury, increases platelet accumulation), partially through prolonged sympathetic activation (Johnson et al., 1997; Sapolsky, 2004; Ozbay et al., 2007; Wilcox, 2010). In the context of Iraqi undergraduate students, the disturbance they got from PTSD might slow their studies down.

As mentioned previously at the beginning of this section, traumatic events might induce positive changes in individuals, as long as they receive adequate social supports. Confirming that, studies related to wars (Berntsen and Thomson, 2005; Forstmeier et al., 2009; Pietrzak et al., 2010), terrorism incidents (Hobfoll et al., 2007; Linley et al., 2003; Papadopoulos, 2006), natural disasters (Cieslak et al., 2009; Tedeschi & Calhoun, 2004; Yu et al., 2010) have reported that some individuals are able to change and some others unable to have positive changes after exposure to risk factors or inability to get rid of the influence of risk factors such as (wars, community or sectarian violence, natural disasters, traffic accidents, terrorist attacks, and sexual assault) for not receiving adequate social support from family, school, university, work and society (Linley & Joseph, 2004; Christensen, 2011; Joseph, 2011).

On this basis, the potential influence of a lack of social support leads to stagger the personality of the individual. Moreover, lack of social support may have a negative influence on the character of individuals who have been exposed to traumatic events and makes them lack the necessary resilience to make them face the difficulties of life.

In the context of individuals with traumatic experiences, lack of social support might lead to sense of inferiority, suffocation, confusion, low self-esteem, control and

exaggerated self-confidence, feeling of inadequacy, resentment and reliability, higher depression in the future, (Shumaker & Brownell, 1984; Ostrander, 1998; Cove, 2005), as well as predicted post-traumatic stress disorder (Guay et al., 2006).

Exposure to traumatic events also reduce the level of resilience, as well as negative emotions and adverse effect on the calm, effective management of both positive, negative emotions, and ability to regulate and control emotional responses (Ong et al., 2006; Christensen, 2011). Accordingly, it was reported that individuals who lack of resilience are also lack of sense of belonging, safety, and psychological tranquillity because they do not possess the giving and the receiving elements of emotional support (Hart et al., 2007). Accordingly, resilience considered as a factor that may account for the comparatively low overall prevalence rate of post-traumatic stress disorder despite the exposure to potentially traumatic events (Hoge et al., 2007; Stamm, 2002).

Additionally, post-traumatic stress disorder occurs more in male than female (Mahdi, et al., 2014), because males tend to be more exposed to traumatic event. Exposure to wars affects males and females in different ways (Val & Linley, 2006), and it may induce other issues when it reaches a critical extent (Helgeson, Reynolds, & Tomich, 2006). In other words, male and female students may react differently toward exposure to war and its aftermath.

Furthermore, resilience can be considered by individuals as a means of adapting with their misery especially in cases similar to the traumatic events and violence in Iraqi society after the 2003 war. In the context of exposure to traumatic events, the level of resilience in the students can be considered as a matter that may help them achieve post traumatic growth(PTG) (Mahdi, 2014). Moreover, in the context of education,

the positive relationship between resilience and academic achievements has been reported in previous studies (Martin & Marsh, 2006).

Eventually, because many studies in different settings have reported distinct relationships among exposure towards traumatic events, social support, and resilience, it is imperative to investigate whether social support and resilience are related to each other among Iraqi undergraduate students, who are somehow exposed to traumatic events.

#### **1.4 Objectives of the study**

This study aims to provide scientific information on the percentage of the Iraqi undergraduate students who have been exposed to traumatic events, the prevalence of social support and resilience among them, and the extent of the correlation between social support and resilience. The current study also aims to identify the occurrence social support and resilience or not for Iraqi undergraduate students, which exposed to traumatic events. In line with the overall aims, the specific objectives of the research are to:

1. To identify the difference of traumatic events between male and female.
2. To identify the level of social support among the traumatized Iraqi undergraduate students.
3. To identify the difference of social support between male and female among the traumatized Iraqi undergraduate students.
4. To identify the level of resilience among the traumatized Iraqi undergraduate students.
5. To identify the difference of resilience between male and female among the traumatized Iraqi undergraduate students.



6. To identify the relationship between social support and resilience among traumatized Iraqi undergraduate students.
7. To identify the relationship between social support and resilience among traumatized male Iraqi undergraduate students.
8. To identify the relationship between social support and resilience among traumatized female Iraqi undergraduate students.
9. To identify the influence of social support on resilience among traumatized Iraqi undergraduate students.
10. The differences in terms of social support among students with different levels of traumatic events exposure.
11. The differences in terms of resilience among students with different levels of traumatic events exposure.

### **1.5 Research Questions**

In order to set a research structure based on its specific objectives, several research questions are elaborated. These research questions are going to be analyzed and answered chronologically in order to develop a solid platform to continue on each consecutive step of the research. The questions to be answered by this study are as follows:

1. Is there any significant difference of traumatic events between male and female?
2. Is there any level of social support among the traumatized Iraqi undergraduate students?
3. Is there any significant difference of social support between male and female among the traumatized Iraqi undergraduate students?

4. Is there any level of resilience among the traumatized Iraqi undergraduate students?
5. Is there any significant difference of resilience between male and female among the traumatized Iraqi undergraduate students?
6. Is there any significant relationship between social support and resilience among traumatized Iraqi undergraduate students?
7. Is there any significant relationship between social support and resilience among traumatized male Iraqi undergraduate students?
8. Is there any significant relationship between social support and resilience among traumatized female Iraqi undergraduate students?
9. Is there any significant influence of social support on resilience among traumatized Iraqi undergraduate students?
10. Is there any significant difference in terms of social support among students with different levels of traumatic events exposure?
11. Is there any significant difference in terms of resilience among students with different levels of traumatic events exposure?

## **1.6 Research Hypotheses**

This study suggests several hypotheses that are derived from both the research questions and the research objectives. These hypotheses are accepted or rejected based on statistical analyses. The rationale for using hypotheses in the current study is that the rejection of a hypothesis in quantitative research measures a more extensive range of possibilities compared with the acceptance of that null hypothesis (Prihadi, 2013). Therefore, the hypotheses to be tested are as follows:

1. There is no significant difference of traumatic events between male and female.

2. There is no significant difference of social support between male and female among the traumatized Iraqi undergraduate students in term of social support.
3. There is no significant difference of resilience between male and female among the traumatized Iraqi undergraduate students in term of resilience.
4. There is no significant relationship between social support and resilience among traumatized Iraqi undergraduate students.
5. There is no significant relationship between social support and resilience among traumatized male Iraqi undergraduate students.
6. There is no significant relationship between social support and resilience among traumatized female Iraqi undergraduate students.
7. There is no significant influence of social support on resilience among traumatized Iraqi undergraduate students.
8. There is no significant difference in terms of social support among students with different levels of traumatic events exposure.
9. There is no significant difference in terms of resilience among students with different levels of traumatic events exposure.

Table 1.1 (page 14) summarizes the objectives, questions, and hypotheses in this current study based on the aforementioned statements of problem.

**Table 1.1***Summary of Research Objectives, Research Questions, and Hypotheses*

<b>Objectives of the study</b>	<b>Research questions</b>	<b>Research hypotheses</b>
1. To identify the difference of traumatic events between male and female.	1. Is there any significant difference of traumatic events between male and female?	1. There is no significant difference of traumatic events between male and female.
2. To identify the level of social support among the traumatized Iraqi undergraduate students.	2. Is there any level of social support among the traumatized Iraqi undergraduate students?	None
3. To identify the difference of social support between male and female among the traumatized Iraqi undergraduate students.	3. Is there any significant difference of social support between male and female among the traumatized Iraqi undergraduate students?	2. There is no significant difference of social support between male and female among the traumatized Iraqi undergraduate students in term of social support.
4. To identify the level of resilience among the traumatized Iraqi undergraduate students.	4. Is there any level of resilience among the traumatized Iraqi undergraduate students?	None
5. To identify the difference of resilience between male and female among the traumatized Iraqi undergraduate students.	5. Is there any significant difference of resilience between male and female among the traumatized Iraqi undergraduate students?	3. There is no significant difference of resilience between male and female among the traumatized Iraqi undergraduate students in term of resilience.
6. To identify the relationship between social support and resilience among traumatized Iraqi undergraduate students.	6. Is there any significant relationship between social support and resilience among traumatized Iraqi undergraduate students?	4. There is no significant relationship between social support and resilience among traumatized Iraqi undergraduate students.
7. To identify the relationship between social support and resilience among traumatized male Iraqi undergraduate students.	7. Is there any significant relationship between social support and resilience among traumatized male Iraqi undergraduate students?	5. There is no significant relationship between social support and resilience among traumatized male Iraqi undergraduate students.
8. To identify the relationship between social support and resilience among traumatized female Iraqi undergraduate students.	8. Is there any significant relationship between social support and resilience among traumatized female Iraqi undergraduate students?	6. There is no significant relationship between social support and resilience among traumatized female Iraqi undergraduate students.
9. To identify the influence of social support on resilience among traumatized Iraqi undergraduate students	9. Is there any significant influence of social support on resilience among traumatized Iraqi undergraduate students?	7. There is no significant influence of social support on resilience among traumatized Iraqi undergraduate students.
10. The differences in terms of social support among students with different levels of traumatic events exposure.	10. Is there any significant difference in terms of social support among students with different levels of traumatic events exposure?	8. There is no significant difference in terms of social support among students with different levels of traumatic events exposure.
11. The differences in terms of resilience among students with different levels of traumatic events exposure.	11. Is there any significant difference in terms of resilience among students with different levels of traumatic events exposure?	9. There is no significant difference in terms of resilience among students with different levels of traumatic events exposure.

## **1.7 Significance of the Study**

As a recovering nation, the Iraqi society needs the utmost support of its members to return to its glorious moments. Prolonged traumatic events, such as wars, extreme dictatorship, Parental divorce, sexual rape, migration or displacement, kidnapping, robbery at gunpoint, aerial bombing, illness, sudden death of a family member, and civil riots, increase the difficulty for individuals within the Iraqi society in maintaining their motivations and positive attitudes toward the development and re-development of the nation (Mahdi, 2014). Furthermore, maintaining, and utilizing resilience to develop the nation is important in a place like Iraq now (Mahdi, Prihadi, & Shahabuddin, 2014). It might have known by many that any study related to resilience is therefore significant for Iraq for the time being.

As mentioned in the previous sections of this chapter, the understanding of the relationship between social support and resilience is insufficient, especially in places with prolonged traumatic events such as Iraq. Results of this current study are expected to be able to increase such understanding levels, at least among Iraqis

Apart from filling the gap of literature in this field, knowledge obtained from this study has important implications for the preventive interventions of psychological trauma. This study provides a platform for future research in establishing a means of fostering social support to increase the occurrence of resilience among individuals who have been exposed to prolonged traumatic events such as those in Iraq. Furthermore, this study is believed to be able to open multiple fields for researchers in Iraq for an in-depth investigation of these studied variables, especially for the further re-development of Iraq.

## **1.8 limitation of the study**

This study investigates the manner in which social support develops resilience among Iraqi undergraduate students, for the academic year 2015–2016, who were exposed to traumatic events since the war in (1980) till the current time, with an assumption that almost all of Iraqis exposed to difficult conditions because they live in a place and one country.

It does not control for the extraneous variables that may be involved, such as the psychological, social economic status, physical conditions, or any other situational differences of students that might influence their levels in terms of the variables mentioned in this study. Therefore, findings of this study are not supposed to be generalized to any larger scale of different locations and population. Another limitation of this study is that only quantitative data was collected, and no qualitative data. Therefore, the results given might not be as rich or detailed as qualitative data.

## **1.9 Definitions of Terms**

Several key terms are defined conceptually and operationally in this section. Conceptual definitions are presented based on their respective founders, which are followed by the operational definitions developed specifically for this study.

### **1.9.1 Conceptual Definitions**

#### **1.9.1. (a) Social Support**

Social support refers to a social network's provision of psychological and material resources intended to benefit an individual's capacity to cope with stress (Sippel et al., 2015). Gottfried (2000) stated that social support refers to the process of

interaction in relationships which improves coping, esteem, belonging, and competence through actual or perceived exchanges of physical or psychological resources. Furthermore, Sambu (2015) defined social support as the ability to deal with a different set of problems by feel comfortable as result receiving assistance which comes from family members, interpersonal, religious groups relationships, neighbors, and friends.

### **1.9.1. (b) Resilience**

Gitman and Hoffmann (2015) defined resilience as the ability to withstand disruptive shocks, manage complexity and recover from tough times. It also implies evolution, nimbleness and long-term thinking. It was later defined as the ability of adults in normal circumstances who are exposed to an isolated and potentially highly disruptive event to maintain relatively stable, healthy levels of psychological and physical functioning (Bonanno, 2004, 2005). Ramsey and Blieszner (1999) defined resilience as the ability to respond with flexibility to the pressures of everyday life and to cope with traumatic occurrences.

Fraser and Richman (2001) viewed resilience as the result of the interplay between risk and a variety of protective factors, whereas Luther et al. (2000) defined resilience as a dynamic process that utilizes both intra- and extra-organismic forces and not as a static or trait-like characteristic. The latest means of resilience has been defined by APA (2014) as exposure to the adversities and tensions but keeps the its ability to properly adapt (APA, 2014).

### **1.9.1. (c) Traumatic Events**

Depending on the context, it is possible that the trauma refers to different things. Semantically, trauma refers to an experience or event; nevertheless, people use the term interchangeably to refer to either a traumatic experience or event, the resulting injury or stress, or the longer-term impacts and consequences (Briere & Scott, 2006).

The recently modified federal legal definition of trauma is an injury that results from exposure to either a mechanical force or another extrinsic agent, including an extrinsic agent that is thermal, electrical, chemical, or radioactive (Improving Trauma Care Act of 2014). When medical doctors talk of trauma, they mean the sudden and severe bodily wounds that result from physical injury, ranging from the minor cuts and bruises sustained after an accidental fall to the life-threatening lacerations and bone fractures resulting from a car crash. Behavioral health professionals more broadly define trauma as resulting “from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being (substance abuse and mental health services administration (Samhsa, 2012).

Traumatic events refer to any event that causes physical, emotional, psychological distress, or harm. It is an event that is perceived and experienced as a threat to one's safety or to the stability of one's world (Kaneshiro, 2010). This is sometimes referred to as psychological trauma to distinguish it from other types of trauma (Samhsa, 2016).



### **1.9.2 Operational Definition**

#### **1.9.2. (a) Social Support**

In current study, social support is defined as who have factors: (1) family ties and cohesion, (2) external support systems, and (3) temperamental or dispositional factors of the individual. In this current study, the social support will be receiving any assistance (financial, physical, morale, knowledge, and religious) which comes from family members, interpersonal, religious groups relationships, neighbors, and friends that make them feeling by the ability to overcome hazards. This variable is measured by using the Multidimensional Scale of Perceived Social Support (MSPSS) (Zimet et al., 1988).

#### **1.9.2. (b) Resilience**

In current study, resilience refers to the ability to recover from adversity and stress and continue to live effectively and efficiently, as well as refers to the individual who have resilience factors, such as independence, sense of humor, relationships with others, foresight, oriented values (spiritual), creativity (Mahdi, 2014).

In this current study, the resilience will be the ability of individuals to continue their lives, their studies, make friends with others and continue family life by overcoming the most traumatic events that they face in their lives and from different sources. This variable is measured by using the Connor–Davidson Resilience Scale (CD-RISC-25) that was developed by Connor and Davidson (2003).

### **1.9.2. (c) Traumatic Events**

In the context of this current study, traumatic event refers to a situation where individuals were exposed to some of events (such as, explosions, rapes, attacks by military forces, kidnappings, etc.) (Sameroff et al., 1993). In current study, the traumatic events are situations faced by the Iraqi students for several years until the present time as torture, explosion, assaulted, displacement from home, and loss of a family member as a result of terrorism that will make it in a difficult situation requires the individual to receive support from others even pass this stage. This variable has been measured by traumatic event scale which prepared by the current researchers.

### **1.10 Conclusion**

The first chapter introduced the research problems and their importance to the traumatized Iraqi undergraduate students. The presentations of the research questions, hypotheses, as well as operational definitions of concepts primarily were intended to clarify the research problems and emphasize the importance of the current study. Limitations have also been set in order to define the scope of this study, thereby avoiding the over-generalization of its findings. This chapter lays the groundwork for the discussion in the next chapter, which focuses on the theories and previous studies related to the current study's variables, as well as the dimensions of each of these variables. This study will attempt to highlight the effects of a low level of social support on resilience for students. To pressure estimate, meaning that the person's perception that others can provide him the necessary resources and potential, may make him re-estimate the possibility of the level of damage as a result of the situation, or strengthens his ability to deal with the demands that imposed

## **CHAPTER II**

### **REVIEW OF RELATED LITERATURE**

#### **2.1 Introduction**

This chapter includes a review of literature relevant to this study. It introduces the issues and studies on traumatic event, social support, and then presents discussions related to resilience and eventually the relationship between these variables. Relevant theories about social support and resilience, as well as previous studies on the relationship between these variables are discussed. The theoretical and conceptual frameworks for this study are presented as well. The next sections in this chapter are arranged based on the need to review it from the respective of research questions.

#### **2.2 Traumatic Events**

Definition of traumatic events has been evolving based on research trends. For instance, it was described as environmental events exceed individuals' ability to cope (Lazarus, 1993). It was also described as severe, sudden, unexpected external event, which sometimes can be inhumane and leaves the individual stunned (Odah, 2010). Therefore, how traumatic events is measured and defined varies across studies. Definitions and measures include, for example emotional stress, events (environmental, emotional, social, and economic) (Dunn, 2015). However, most definitions include exposed to events from the environment (Lazarus, 1993).

Conceptually, traumatic events are composed of comprehensive and complex processes; it also differs depending on the intensity of the exposure of the event. Traumatic events are often uncontrollable, unpredictable, and can provoke feelings of fear and anxiety (Smith & Robinson, 2016), up to an extent where some